TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Jason Watkins, D.C.

Respondent Name
Old Republic Insurance Company

MFDR Tracking Number
M4-16-3564-01

Carrier's Austin Representative
Box Number 44

MFDR Date Received
July 29, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: $1150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel hereby certifies the medical billing in question was not received prior to receipt of this request for medical fee dispute resolution… Exam Works utilized fax number 866-915-7832 which is not an assigned fax number for CorVel staff. The fax number 866-782-8959 listed on the DWC-32 is a CorVel dedicated fax number for medical and claims related correspondence."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 20, 2016	Designated Doctor	$1150.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.

3. Review of the submitted documentation does not find explanations of benefits for the services in question.

Issues

Does a dispute exist for the services in question?

Findings

The requestor is seeking reimbursement for a designated doctor examination. 28 Texas Administrative Code §133.20(a) requires that "The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section." Review of the submitted documentation does not support that a medical bill for the services in question was submitted to the insurance carrier. Therefore, the division finds that a dispute does not exist in accordance with 28 Texas Administrative Code §133.307. No reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	August 19, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.